PAGE 1 / 26

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	e 12FE4M5
SURGICAL CARE AFF	FILIATES POLITICA	L ACTION COMMIT	TEE
<u> </u>			
ADDRESS (number and street)	569 BROOKWOOD VILLA	GE	
▼	SUITE 901		
Check if different than previously reported. (ACC)	BIRMINGHAM		AL 35209 -
2. FEC IDENTIFICATION NU	IMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00440743		IS THIS REPORT NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	o 20 (M2) May 20	(Non-Election Year Only)
(a) Quarterly Reports:	Ap	r 20 (M4) Jul 20	Year Only)
April 15 Quarterly Report (Q	01)		
July 15 Quarterly Report (Q	BPE Election	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (Q	(3)		
January 31 Year-End Report (Y	E) Electi	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period 07	01 / 2016		09 30 2016
I certify that I have examined th	is Report and to the best o	f my knowledge and belief it	t is true, correct and complete.
Type or Print Name of Treasure	Sharff, Richard, L., , Jr.		
Signature of Treasurer	f, Richard, L., , Jr.	[Electronically Filed]	Date 10 / 13 / 2016
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the person sig	ning this Report to the penalties of 52 U.S.C. § 3010
Office			FEC FORM 3X
Use Only			Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

R	Report Covering the Period: From:	7 01 2016 To	09 30 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		69047.16
	(b) Cash on Hand at Beginning of Reporting Period	81366.08	
	(c) Total Receipts (from Line 19)	14756.89	51175.81
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	96122.97	120222.97
7 .	Total Disbursements (from Line 31)	10122.26	34222.26
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	86000.71	86000.71
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From:		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees						
	(i) Itemized (use Schedule A)	10871.60	32664.60				
	(ii) Unitemized(iii) TOTAL (add	3866.10	18456.65				
	Lines 11(a)(i) and (ii)	14737.70	51121.25				
	(b) Political Party Committees	0.00	0.00				
	(such as PACs)(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	0.00	0.00				
12.	Totals to Line 33, page 5) Transfers From Affiliated/Other	14737.70	51121.25				
	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00				
16.	(Carry Totals to Line 37, page 5)	0.00	0.00				
17	Political Committees Other Federal Receipts	0.00	0.00				
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	19.19	54.56				
	(from Schedule H3)	0.00	0.00				
	(b) Levin Funds (from Schedule H5)	0.00	0.00				
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	14756.89	51175.81				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	14756.89	51175.81				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	122.26	122.26
Expenditures(c) Total Operating Expenditures	122.20	122.20
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	122.26	122.26
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	7500.00	26500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		7
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		700000
Non-Federal Donations)	2500.00	7600.00
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6))))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10122.26	34222.26
Total Federal Disbursements	10122.20	J4222.20
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	10122.26	34222.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14737.70	51121.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14737.70	51121.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	122.26	122.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	122.26	122.26

FOR LINE NUMBER:					PAGE	=	6	OF	26		
ı	(check only one)										
ı	X 11a 11b				11c		12	2			
ı	13 14				15		16	6	17		

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIATE	ES POLITICAL ACTION COMMITT	EE
Full Name of Individual (Last, First, Middle Aguayo, David, J., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5840
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Surgical Care Affiliates	Vice President	Payroll deduction \$40.00 biweekly
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	760.00	
Full Name of Individual (Last, First, Middle Belcher, Jacquelin, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 2016
City	State Zip Code	Transaction ID : SA11AI.5844
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	95.00
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Administrator	Memo Item Payroll deduction \$19.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	
Full Name of Individual (Last, First, Middle Brust, Mary Beth, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5849
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Vice President	Memo Item Payroll deduction \$20.00 biweekly
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	380.00	
SUBTOTAL of Receipts This Page (optional).		455.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER:					PAGE	=	7	OF	26	
(check only one)										
	X	11a		11b		11c		12	2	
	13 14				15		16	6	17	

or for commercial purposes, other than using	ng the name and address of any political committee					
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIA	TES POLITICAL ACTION COMMIT	ГЕЕ				
Full Name of Individual (Last, First, Midd Burns, Vicki, , ,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 569 Brookwood Village Suite 901	09 30 / Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.5852				
Birmingham	AL 35209	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	114.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Surgical Care Affiliates	Administrator	Payroll deduction \$19.00 biweekly				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	361.00					
Full Name of Individual (Last, First, Mido Chokski, Ajay, , ,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 569 Brookwood Village Suite 901		09 30 2016				
City	State Zip Code	Transaction ID : SA11AI.5856				
Birmingham	AL 35209	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Group Vice President	Memo Item Payroll deduction \$50.00 biweekly				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00					
Full Name of Individual (Last, First, Midd. Chye, Eleanor, , ,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 569 Brookwood Village Suite 901		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code AL 35209	Transaction ID : SA11AI.5857				
Birmingham	AL 35209	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	360.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Surgical Care Affiliates	Vice President	Payroll deduction \$60.00 biweekly				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	1140.00					
SUBTOTAL of Receipts This Page (option	al)	774.00				
TOTAL This Period (last page this line nu	mber only)					

	FOR LINE NUMBER:					PAGE	8	OF	26	
(check only one)										
	X 11a 11b				11c	12	2			
			13		14		15	16	6	17

	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIAT	TES POLITICAL ACTION COMMITT	ГЕЕ
Full Name of Individual (Last, First, Midd Colbert, Joseph, E., , Mailing Address 569 Brookwood Village Suite 901 City Birmingham FEC ID number of contributing federal political committee. Name of Employer (for Individual) Surgical Care Affiliates Receipt For: Primary General Other (specify)	State Zip Code AL 35209 C Occupation (for Individual) Administrator Aggregate Year-to-Date 380.00	Date of Receipt 109 120.00 Memo Item Payroll deduction \$20.00 biweekly
Full Name of Individual (Last, First, Midd Collins, Kelli, , , Mailing Address 569 Brookwood Village Suite 901 City Birmingham FEC ID number of contributing federal political committee. Name of Employer (for Individual) Surgical Care Affiliates Receipt For: Primary General Other (specify)	State Zip Code AL 35209 C Occupation (for Individual) Vice President Aggregate Year-to-Date 361.00	Date of Receipt 09 30 2016 Transaction ID: SA11AI.5859 Amount of Each Receipt this Period 114.00 Memo Item Payroll deduction \$19.00 biweekly
Full Name of Individual (Last, First, Midd C. Courtay, Rena, , , Mailing Address 569 Brookwood Village Suite 901 City Birmingham FEC ID number of contributing federal political committee. Name of Employer (for Individual) Surgical Care Affiliates Receipt For: Primary General Other (specify)	State Zip Code 35209 C Occupation (for Individual) VP, Operations Aggregate Year-to-Date 475.00	Date of Receipt M M M / 30 / 2016 Transaction ID : SA11AI.5862 Amount of Each Receipt this Period 150.00 Memo Item Payroll deduction \$25.00 biweekly
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line nur	nber only)	384.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	9	OF	26	
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Crump, Carol, , ,	Mailing Address 569 Brookwood Village								
Suite 901	-	09 30 2016							
City	State Zip Code	Transaction ID : SA11AI.5864							
Birmingham	AL 35209	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	120.00							
Name of Employer (for Individua	Occupation (for Individual)	Memo Item							
Surgical Care Affiliates	VP, Operations	Payroll deduction \$20.00 biweekly							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	380.00								
Full Name of Individual (Last, F 3. Dixon, Thomas, , ,	et, Middle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 569 Brookwood Suite 901	/illage	09 30 / Y Y Y Y Y Y							
City	State Zip Code	Transaction ID : SA11AI.5869							
Birmingham	AL 35209	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	50.00							
Name of Employer (for Individual Surgical Care Affiliates	Occupation (for Individual) VP, Development	Memo Item Payroll deduction \$25.00 biweekly							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00								
Full Name of Individual (Last, F Donnelly, Alison, , ,	st, Middle Initial) or Full Organization Name	Date of Receipt							
Mailing Address 569 Brookwood Suite 901		09 30 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y							
City Birmingham	State Zip Code AL 35209	Transaction ID : SA11AI.5870							
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00							
Name of Employer (for Individual Surgical Care Affiliates	Occupation (for Individual) Director, External Communications	Memo Item Payroll deduction \$25.00 biweekly							
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00								

	R LINE		PAGE	· 1	10	OF	26		
l `	ck only	ne)							
×	11a		11b		11c		12		
	13		14		15		16	;	17

	rts and Statements may not be sold or used by any per using the name and address of any political committee	
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFIL	IATES POLITICAL ACTION COMMITT	ΈΕ
Full Name of Individual (Last, First, Malling Address 2012 E. Glenoaks Ble	Middle Initial) or Full Organization Name	Date of Receipt
O't.	75.0.4	09 30 2016
City Glendale	State Zip Code CA 91206	Transaction ID : SA11AI.5991
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 570.00
Name of Employer (for Individual) Surgical Care Affiliates Receipt For:	Occupation (for Individual) SVP Aggregate Year-to-Date ▼	Memo Item Payroll deduction \$95.00 biweekly
Primary General Other (specify) ▼	1805.00	
Full Name of Individual (Last, First, Ma. Dugan, Ann, L., , Mailing Address 569 Brookwood Village	/liddle Initial) or Full Organization Name	Date of Receipt
Suite 901	State Zin Code	09 30 2016
City Birmingham	State Zip Code AL 35209	Transaction ID : SA11AI.5872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Administrator	Memo Item Payroll deduction \$25.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
Full Name of Individual (Last, First, MC. Edler, Marie, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901 City	ge	09 30 2016 Transaction ID : SA11AI.5873
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Surgical Care Affiliates Receipt For:	Occupation (for Individual) SDR	Memo Item Payroll deduction \$25.00 biweekly
Primary General Other (specify)	Aggregate Year-to-Date ▼ 475.00	
SUBTOTAL of Receipts This Page (opt	tional)	870.00
TOTAL This Period (last page this line	number only)	

l	F	ЭR	LINE	PAGE	 11	OF	26			
l	(C	he	ck only	or	ne)					
l		X	11a		11b		11c	12	2	
l		13 14					15	16	6	17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIATE	ES POLITICAL ACTION COMMITT	EE
Full Name of Individual (Last, First, Middle Elia, Viva, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5876
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	462.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Surgical Care Affiliates	Vice President	Payroll deduction \$77.00 biweekly
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1463.00	
Full Name of Individual (Last, First, Middle Blliott, Kevin, R., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village		09 30 2016
Suite 901 City	State Zip Code	
Birmingham	AL 35209	Transaction ID : SA11AI.5877 Amount of Each Receipt this Period
	1 00200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Senior Director, Financial	Memo Item Payroll deduction \$15.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
Full Name of Individual (Last, First, Middle Ellison, Christian, D., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5878
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	690.00
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Director	Memo Item Payroll deduction \$115.00 biweekly
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify)	2185.00	
SUBTOTAL of Receipts This Page (optional))	1242.00
TOTAL This Period (last page this line numb	per only)	

_	LINE		PAGE	· 1	12	OF	26		
`	ck only	ne)							
×	11a		11b		11c		12		
	13		14		15		16		17

	y information copied from such Reports and Stat for commercial purposes, other than using the n							
\rangle	NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIATES F	POLITICAL ACTION COMMITTE	Ε					
١.	Full Name of Individual (Last, First, Middle Initial Fees, Nicholas, , , Mailing Address 569 Brookwood Village) or Full Organization Name	Date of Receipt					
	Suite 901		09 30 2016					
	City	State Zip Code	Transaction ID : SA11AI.5882					
	Birmingham	AL 35209	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	120.00					
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
	Surgical Care Affiliates	Assistant Controller	Payroll deduction \$20.00 biweekly					
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	300.00						
3.	Full Name of Individual (Last, First, Middle Initial Festi, David, J, ,) or Full Organization Name	Date of Receipt					
	Mailing Address 569 Brookwood Village		M M / D D / Y Y Y Y					
	Suite 901 City	State Zip Code	09 30 2016					
	Birmingham	AL 35209	Transaction ID : SA11AI.5883					
		AL 33209	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	114.00					
	Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Director, Managed Care	Memo Item Payroll deduction \$19.00 biweekly					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00						
).	Full Name of Individual (Last, First, Middle Initial Frazier, Brandon, T., ,) or Full Organization Name	Date of Receipt					
	Mailing Address 569 Brookwood Village Suite 901	10t. 170t.	09 30 2016					
	City Birmingham	State Zip Code AL 35209	Transaction ID : SA11AI.5884					
		, 1L 33209	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	150.00					
	Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) VP, Development	Memo Item Payroll deduction \$25.00 biweekly					
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify)	475.00						
s	UBTOTAL of Receipts This Page (optional)		384.00					
T	OTAL This Period (last page this line number on	ly)	4-14-14-1					

				MBER	PAGE	 13	OF	26	
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or use he name and address of any political	ed by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIATE		COMMITTEE
Full Name of Individual (Last, First, Middle George, Margaret, , , Mailing Address 569 Brookwood Village	Initial) or Full Organization Name	Date of Receipt
Suite 901		09 30 2016
City	State Zip Code	Transaction ID : SA11AI.5888
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer (for Individual)	Occupation (for Individual) Memo Item
Surgical Care Affiliates	Vice President	Payroll deduction \$20.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	380.00
Full Name of Individual (Last, First, Middle Graham, Jennifer, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901	Otata 7% On the	09 30 2016
City Birmingham	State Zip Code AL 35209	Transaction ID : SA11AI.5890 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	90.00	
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individua Administrator	Memo Item Payroll deduction \$15.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	285.00
Full Name of Individual (Last, First, Middle Crantham, David, L., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901	Chata 7: Out	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Birmingham	State Zip Code 35209	Transaction ID : SA11AI.5891
FEC ID number of contributing federal political committee.	C 33209	Amount of Each Receipt this Period 90.00
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual Administrator	Memo Item Payroll deduction \$15.00 biweekly
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	7 7	285.00
SUBTOTAL of Receipts This Page (optional).		300.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

				MBER	:	PAGE	 14	OF	26
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Hamers, Kevin, M., , Mailing Address 569 Brookwood Village	Mailing Address 569 Brookwood Village Suite 901							
City	State Zip Code	09 30 2016 Transaction ID : SA11Al.5892						
Birmingham	AL 35209	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	72.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Surgical Care Affiliates	Administrator	Payroll deduction \$12.00 biweekly						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	228.00							
Full Name of Individual (Last, First, Mic Hayek, Andrew, P., ,		Date of Receipt						
Mailing Address 569 Brookwood Village		09 30 2016						
Suite 901 City	State Zip Code							
Birmingham	AL 35209	Transaction ID : SA11AI.5895 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	1153.80						
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Chief Executive Officer	Memo Item Payroll deduction \$192.30 biweekly						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.90							
Full Name of Individual (Last, First, Mic. Hess, Cory, , ,		Date of Receipt						
Mailing Address 569 Brookwood Village Suite 901 City	State Zip Code	09 30 2016						
Birmingham	AL 35209	Transaction ID : SA11AI.5896						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period						
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Regional VP	Memo Item Payroll deduction \$25.00 biweekly						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00							

		LINE	PAGE	 15	OF	26			
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

	ly information copied from such Reports and Sta for commercial purposes, other than using the i			
	NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIATES	POLITIC	CAL ACTION COMMITT	EE
Α.	Full Name of Individual (Last, First, Middle Initial Ho, Huong, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 569 Brookwood Village Suite 901			09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.5899
	Birmingham	AL	35209	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	Surgical Care Affiliates	Dire	ctor	Payroll deduction \$20.00 biweekly
	Receipt For:	Aggregate	Year-to-Date ▼	-
	Primary General	Aggregate	Teal to Bate v	
	Other (specify) ▼	L	380.00	
В.	Full Name of Individual (Last, First, Middle Initia Klassen, Christopher, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 569 Brookwood Village Suite 901			09 30 2016
	City	State	Zip Code	Transaction ID : SA11AI.5907
	Birmingham	35209	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer (for Individual) Surgical Care Affiliates		upation (for Individual) e President	Memo Item Payroll deduction \$20.00 biweekly
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 380.00		
С .	Full Name of Individual (Last, First, Middle Initial Lally, Thomas, J., ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 569 Brookwood Village Suite 901			09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.5910
	Birmingham	AL	35209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	Surgical Care Affiliates		onal Vice President Year-to-Date ▼	Payroll deduction \$20.00 biweekly
	Receipt For:			
	Primary General Other (specify)			
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u> </u>	360.00

		LINE	PAGE	 16	OF	26			
(0	che	ck only							
X 11a 11b						11c	12		
13 14						15	16		17

or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIAT	ES POLITICAL ACTION COMMIT	ΓEE
Full Name of Individual (Last, First, Middle Langston, Mark, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5911
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Surgical Care Affiliates	VP, Development	Payroll deduction \$25.00 biweekly
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	475.00	
Full Name of Individual (Last, First, Middle Linder, William, T., ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 2016
City	State Zip Code	Transaction ID : SA11AI.5915
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) VP, Operations	Memo Item Payroll deduction \$50.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	
Full Name of Individual (Last, First, Middle Lowder, Lindsay, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 / Y = Y = Y = Y = Y
City Birmingham	State Zip Code 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	114.00
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Director	Memo Item Payroll deduction \$19.00 biweekly
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify)	307.00	
SUBTOTAL of Receipts This Page (optional	1)	564.00
TOTAL This Period (last page this line num	iber only)	

		LINE	PAGE	 17	OF	26			
(0	che	ck only							
X 11a 11b						11c	12		
13 14						15	16		17

	g the name and address of any political committee					
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIAT	ES POLITICAL ACTION COMMIT	TEE				
Full Name of Individual (Last, First, Middle Lowther, Kristine, , , Mailing Address 569 Brookwood Village Suite 901 City	e Initial) or Full Organization Name State Zip Code	Date of Receipt 09 30 2016				
Birmingham	AL 35209	Transaction ID : SA11AI.5921				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer (for Individual) Surgical Care Affiliates Receipt For: Primary General Other (specify) ▼	Memo Item Payroll deduction \$25.00 biweekly					
Full Name of Individual (Last, First, Middle B. Lozier, Jeffrey, , , Mailing Address 17787 Del Paso Drive	e Initial) or Full Organization Name	Date of Receipt				
City Poway FEC ID number of contributing	State Zip Code CA 92064	08 09 2016 Transaction ID : SA11Al.5997 Amount of Each Receipt this Period				
Name of Employer (for Individual) Surgical Care Affiliates Receipt For: Primary General Other (specify) ▼	Name of Employer (for Individual) Surgical Care Affiliates Receipt For: Primary General Occupation (for Individual) Physician Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle C. Lucey, Michael, , , Mailing Address 5715 N Bay Ridge Avenuation City Whitefish Bay FEC ID number of contributing federal political committee. Name of Employer (for Individual) Surgical Care Affiliates Receipt For: Primary General Other (specify)		Date of Receipt 109 30 2016 Transaction ID: SA11AI.5922 Amount of Each Receipt this Period 120.00 Memo Item Payroll deduction \$20.00 biweekly				
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	l)	370.00				

F	FOR LINE NUMBER:						 18	OF	26
(0	che	ck only	or	ne)					
	X	11a	11c	12					
	13 14						16	;	17

or for commercial purposes, other than using	the name and address of any political committee					
NAME OF COMMITTEE (IN FUII) SURGICAL CARE AFFILIATI	ES POLITICAL ACTION COMMITT	EE				
Full Name of Individual (Last, First, Middle Mathis, Brian, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 569 Brookwood Village Suite 901		09 30 2016				
City	State Zip Code	Transaction ID : SA11AI.5923				
Birmingham	AL 35209	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Surgical Care Affiliates	Vice President	Payroll deduction \$25.00 biweekly				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	475.00					
Full Name of Individual (Last, First, Middle Meeks, Dare, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 569 Brookwood Village Suite 901		09 30 2016				
City	State Zip Code	Transaction ID : SA11AI.5930				
Birmingham	AL 35209	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	60.00					
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Administrator	Memo Item Payroll deduction \$10.00 biweekly				
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Teal-to-Date V					
Full Name of Individual (Last, First, Middle Melancon, Willis, P, ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 569 Brookwood Village Suite 901		09 30 2016				
City	State Zip Code AL 35209	Transaction ID : SA11AI.5931				
Birmingham	VF 3950A	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Surgical Care Affiliates	Senior Director, Financial Operations	Payroll deduction \$25.00 biweekly				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify)	375.00					
SUBTOTAL of Receipts This Page (optional)		360.00				
TOTAL This Period (last page this line numb	per only)					

F	PAGE	 19	OF	26					
(0	che	ck only							
X 11a 11b						11c	12		
13 14						15	16		17

	Statements may not be sold or used by any per- ne name and address of any political committee t	
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIATES	S POLITICAL ACTION COMMITT	EE
Full Name of Individual (Last, First, Middle Ir Oakford, Richard, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5938
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Surgical Care Affiliates	Director	Payroll deduction \$20.00 biweekly
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼		
Full Name of Individual (Last, First, Middle Ir Olson, Bryan, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 2016
City	State Zip Code	Transaction ID : SA11AI.5940
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Director	Memo Item Payroll deduction \$25.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
Full Name of Individual (Last, First, Middle Ir Pace, Louise, M, ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5941
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Administrator	Memo Item Payroll deduction \$20.00 biweekly
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify)	380.00	
SUBTOTAL of Receipts This Page (optional)		310.00
TOTAL This Period (last page this line number	r only)	

F	OR	LINE	PAGE	2	20 (OF	26			
(0	che	ck only								
X 11a 11b						11c		12		
		13		14		15		16		17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIAT	ES POLITICAL ACTION COMMIT	ГЕЕ
Full Name of Individual (Last, First, Middle Prince, Phillip, R., ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5945
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Surgical Care Affiliates	Director	Payroll deduction \$20.00 biweekly
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	380.00	
Full Name of Individual (Last, First, Middle Raskin, Leslie, J., ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 2016
City	State Zip Code	Transaction ID : SA11AI.5946
Birmingham	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	90.00	
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Director	Memo Item Payroll deduction \$15.00 biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
Full Name of Individual (Last, First, Middle C. Roberts, Cory, P, ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 569 Brookwood Village Suite 901		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code AL 35209	Transaction ID : SA11AI.5950
Birmingham	75 30209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	230.76
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Surgical Care Affiliates	VP, Operations	Payroll deduction \$38.46 biweekly
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	730.74	
SUBTOTAL of Receipts This Page (optional)	440.76
TOTAL This Period (last page this line num	ber only)	

		LINE	PAGE	2	21	OF	26			
(0	che	ck only								
X 11a 11b						11c		12		
13 14						15		16	6	17

	g the name and address of any political committee		
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIAT	ES POLITICAL ACTION COMMIT	ГЕЕ	
Full Name of Individual (Last, First, Middle Rosen, Andrew, J., ,	Date of Receipt		
Mailing Address 569 Brookwood Village Suite 901	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID : SA11AI.5951	
Birmingham	AL 35209	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	150.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item	
Surgical Care Affiliates	Vice President	Payroll deduction \$25.00 biweekly	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	475.00		
Full Name of Individual (Last, First, Middle Rucker, Michael, A., ,	e Initial) or Full Organization Name	Date of Receipt	
Mailing Address 569 Brookwood Village Suite 901		09 30 2016	
City	State Zip Code	Transaction ID : SA11AI.5953	
Birmingham	AL 35209	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	346.14		
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Executive Vice President	Memo Item Payroll deduction \$57.69 biweekly	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1096.11		
Full Name of Individual (Last, First, Middle Ruiz, Kelli, , ,	e Initial) or Full Organization Name	Date of Receipt	
Mailing Address 569 Brookwood Village Suite 901		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Birmingham	State Zip Code AL 35209	Transaction ID : SA11AI.5954	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Administrator	Memo Item Payroll deduction \$25.00 biweekly	
Receipt For:	Aggregate Year-to-Date ▼	_	
Primary General Other (specify)	450.00		
SUBTOTAL of Receipts This Page (optional	l)	621.14	
TOTAL This Period (last page this line num	nber only)		

FOR LINE NUMBER:					PAGE	2	22	OF	26		
(check only one)											
	[2	X	11a		11b		11c		12		
			13		14		15		16		17

	commercial purposes, other than using the na			to solicit contributions from such committee.
	ME OF COMMITTEE (In Full) URGICAL CARE AFFILIATES F	OLITICA	L ACTION COMMIT	ſEE
1. St	l Name of Individual (Last, First, Middle Initial) narff, Richard, L., , Jr.	Date of Receipt		
Mai	iling Address 569 Brookwood Village Suite 901	09 30 2016		
City		State	Zip Code	Transaction ID : SA11AI.5956
Bir	mingham	AL	35209	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		576.90
Nar	me of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Sur	rgical Care Affiliates	EVP &	Gen Counsel	Payroll deduction \$96.15 biweekly
Red	ceipt For:	Aggregate Ye	ar-to-Date ▼	
	Primary General Other (specify) ▼		1826.85	
3. <u>S</u> l	Name of Individual (Last, First, Middle Initial)) or Full Orga	anization Name	Date of Receipt
Mai	iling Address 569 Brookwood Village			09 30 2016
City	Suite 901	State	Zip Code	
	y mingham	AL	35209	Transaction ID : SA11AI.5957 Amount of Each Receipt this Period
				Amount of Lacif neceipt this Period
	C ID number of contributing eral political committee.	C		90.00
Sur	me of Employer (for Individual) gical Care Affiliates	1 .	ation (for Individual) or, Financial Operations	Memo Item Payroll deduction \$15.00 biweekly
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 285.00	
	I Name of Individual (Last, First, Middle Initial)) or Full Orga	anization Name	Date of Receipt
Mai	iling Address 569 Brookwood Village Suite 901			09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID : SA11AI.5965
Bir	rmingham	AL	35209	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		90.00
	me of Employer (for Individual) rgical Care Affiliates	Occupa Adminis	ation (for Individual) strator	Memo Item Payroll deduction \$15.00 biweekly
	noint For:	Aggregate Ye	ar-to-Date ▼	7
	Primary General Other (specify)	55 - 52.55 - 10	285.00	
SUBT	TOTAL of Receipts This Page (optional)		>	756.90
TOTA	AL This Period (last page this line number onl	y)		

	F	OR	LINE	NU	MBER	:	PAGE	2	23 OI	F	26
(check only one)											
		X	11a		11b		11c		12		
			13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee			
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIATE	ES POLITICAL ACTION COMMIT	ГЕЕ		
Full Name of Individual (Last, First, Middle Stack, Jeanette, , ,	Date of Receipt			
Mailing Address 569 Brookwood Village Suite 901	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI.5966		
Birmingham	AL 35209	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	90.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Surgical Care Affiliates	Administrator	Payroll deduction \$15.00 biweekly		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	285.00			
Full Name of Individual (Last, First, Middle Stephanie, Carla, F., ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 569 Brookwood Village Suite 901		09 30 2016		
City	State Zip Code	Transaction ID : SA11AI.5967		
Birmingham	AL 35209	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	90.00			
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Director	Memo Item Payroll deduction \$15.00 biweekly		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00			
Full Name of Individual (Last, First, Middle Strauss, Jason, J., ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 569 Brookwood Village Suite 901		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Birmingham	State Zip Code AL 35209	Transaction ID : SA11AI.5970 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	480.00		
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Group Vice President	Memo Item Payroll deduction \$80.00 biweekly		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify)	1520.00			
SUBTOTAL of Receipts This Page (optional).	>	660.00		
TOTAL This Period (last page this line numb	er only)			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	2	24 (DF	26	
(check only one)											
		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.			
/	ES POLITICAL ACTION COMMITT	EE			
Full Name of Individual (Last, First, Middle Nachsman, Leslie, , ,	Date of Receipt				
Mailing Address 569 Brookwood Village Suite 901	09 30 2016				
City	State Zip Code	Transaction ID : SA11AI.5977			
Birmingham	AL 35209	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	114.00			
Name of Employer (for Individual) Surgical Care Affiliate	Occupation (for Individual) Vice President, Finance	Memo Item Payroll deduction \$19.00 biweekly			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	361.00				
Full Name of Individual (Last, First, Middle 3. Weaver, Kristi, , ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 569 Brookwood Village Suite 901		09 30 / Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI.5982			
Birmingham	AL 35209	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	120.00			
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) Regional VP	Memo Item Payroll deduction \$20.00 biweekly			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00				
Full Name of Individual (Last, First, Middle Wells, Coy, R., ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 569 Brookwood Village Suite 901		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Birmingham	State Zip Code AL 35209	Transaction ID : SA11AI.5983			
FEC ID number of contributing federal political committee.	C 33209	Amount of Each Receipt this Period 90.00			
Name of Employer (for Individual) Surgical Care Affiliates	Occupation (for Individual) VP, Operations	Memo Item Payroll deduction \$15.00 biweekly			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	285.00				
SUBTOTAL of Receipts This Page (optional) >	324.00			
TOTAL This Period (last page this line number	ber only)	10871.60			

ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 OF 26 (check only one)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full) SURGICAL CARE AFFILIATES PO							
Full Name (Last, First, Middle Initial) A. BENNET FOR COLORADO Mailing Address PO POX 2079	BENNET FOR COLORADO						
Mailing Address PO BOX 3078			07 25 2016				
,	State Zip Code CO 80201		FEC Identification Number C C00458398				
Contribution Candidate Name		011 Category/	Transaction ID : SB23.6005 Amount of Each Disbursement this Period				
	nent For: 2016 Primary 🗶 General	Type	2500.00				
State: CO District: 00	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial) B. FRIENDS OF SHERROD BROWN Mailing Address PO BOX 15293			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
WASHINGTON Purpose of Disbursement Contribution Candidate Name BROWN, SHERROD, , ,	State Zip Code 20003	011 Category/ Type	FEC Identification Number C C00264697 Transaction ID: SB23.6002 Amount of Each Disbursement this Period 2500.00				
x Senate	Primary General Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial) C. TIBERI FOR CONGRESS			Date of Disbursement				
Mailing Address 2931 E DUBLIN GRANVILLE ROAL SUITE 190			07 25 2016				
City COLUMBUS Purpose of Disbursement	State Zip Code OH 43231		FEC Identification Number C C00347492				
Contribution Candidate Name TIBERI, PATRICK J., , ,		011 Category/ Type	C C00347492 Transaction ID: SB23.6008 Amount of Each Disbursement this Period				
Office Sought: House Disbursen Senate	nent For: 2016 Primary	71.	2500.00 Memo Item				
			7500.00				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			7500.00				

ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only of 21b 28a	one) 22 23 26 27 28b 28c x 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	le and address of any political	ai committee to s	Solicit Contributions from Such Committee.			
SURGICAL CARE AFFILIATES PC	DLITICAL ACTION (COMMITTE	E			
Full Name (Last, First, Middle Initial) A. BRENT JACKSON FOR NORTH C	CAROLINA SENATE		Date of Disbursement			
Mailing Address 2924 ERNEST WILLIAMS ROAD	_		09 15 2016			
AUTRYVILLE	State Zip Code NC 28318		FEC Identification Number			
Purpose of Disbursement Contribution to NC State Senate Candidate		011	Transaction ID : SB29.6013			
Candidate Name JACKSON, BRENT, , ,		Category/ Type	Amount of Each Disbursement this Period			
x Senate	nent For: 2016 Primary		2500.00			
State: NC District: 10	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial) B.			Date of Disbursement			
Mailing Address			M = M / D = D / Y = Y = Y			
City	State Zip Code		FEC Identification Number			
Purpose of Disbursement			С			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbursem	nent For: Primary General		7 7			
President State: District:	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement			
Mailing Address			M = M / D = D / Y = Y = Y			
City	State Zip Code		FEC Identification Number			
Purpose of Disbursement			С			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
	Primary General					
State: President State:	State: President					
SUBTOTAL of Disbursements This Page (optional)		·····	2500.00			
TOTAL This Period (last page this line number only).			2500.00			